DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: UNITY HOUSE FOR WOMEN (510151) Address: 1922 1924 MILLER ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/01/1989

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095569 End Date: 08/30/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006362 Served 09/15/2005

Deficiencies Cited Subject Area Compliance

Verified

83.21(4)(o) MEDICATIONS

83.33(3)(e)5 MEDICAL RECORD DOCUMENTATION 83.43(3)(b)1 TESTING BY SERVICE COMPANY

Survey ID: 0091774 End Date: 12/02/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006353 Served 12/26/2003

Compliance

Deficiencies Cited Subject Area Verified Corrected

83.21(4)(o) MEDICATIONS

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.